

**MEPS HC-045:
2000 Supplemental Public Use File**

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**Agency for Healthcare Research and Quality
Center for Cost and Financing Studies**

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A. Data Use Agreement

Individual identifiers have been removed from the micro-data contained in the files that are part of this Public Use Release. Nevertheless, under sections 308 (d) and 903 (c) of the Public Health Service Act (42 U.S.C. 242m and 42 U.S.C. 299 a-1), data collected by the Agency for Healthcare Research and Quality (AHRQ) and /or the National Center for Health Statistics (NCHS) may not be used for any purpose other than for the purpose for which they were supplied; any effort to determine the identity of any reported cases, is prohibited by law.

Therefore in accordance with the above referenced Federal Statute, it is understood that:

No one is to use the data in this data set in any way except for statistical reporting and analysis; and

If the identity of any person or establishment should be discovered inadvertently, then (a) no use will be made of this knowledge, (b) The Director Office of Management AHRQ will be advised of this incident, (c) the information that would identify any individual or establishment will be safeguarded or destroyed, as requested by AHRQ, and (d) no one else will be informed of the discovered identity.

No one will attempt to link this data set with individually identifiable records from any data sets other than the Medical Expenditure Panel Survey or the National Health Interview Survey.

By using this data you signify your agreement to comply with the above stated statutorily based requirements with the knowledge that deliberately making a false statement in any matter within the jurisdiction of any department or agency of the Federal Government violates 18 U.S.C. 1001 and is punishable by a fine of up to \$10,000 or up to 5 years in prison.

The Agency for Healthcare Research and Quality requests that users cite AHRQ and the Medical Expenditure Panel Survey as the data source in any publications or research based upon these data.

B. Background

This documentation describes one in a series of public use files from the Medical Expenditure Panel Survey (MEPS). The survey provides a new and extensive data set on the use of health services and health care in the United States.

MEPS is conducted to provide nationally representative estimates of health care use, expenditures, sources of payment, and insurance coverage for the U.S. civilian non-institutionalized population. MEPS is cosponsored by the Agency for Healthcare Research and Quality (AHRQ) (formerly the Agency for Health Care Policy and Research (AHCPR)) and the National Center for Health Statistics (NCHS).

MEPS comprises three component surveys: the Household Component (HC), the Medical Provider Component (MPC), and the Insurance Component (IC). The HC is the core survey, and it forms the basis for the MPC sample and part of the IC sample. Together these surveys yield comprehensive data that provide national estimates of the level and distribution of health care use and expenditures, support health services research, and can be used to assess health care policy implications.

MEPS is the third in a series of national probability surveys conducted by AHRQ on the financing and use of medical care in the United States. The National Medical Care Expenditure Survey (NMCES, also known as NMES-1) was conducted in 1977, the National Medical Expenditure Survey (NMES-2) in 1987. Beginning in 1996, MEPS continues this series with design enhancements and efficiencies that provide a more current data resource to capture the changing dynamics of the health care delivery and insurance system.

The design efficiencies incorporated into MEPS are in accordance with the Department of Health and Human Services (DHHS) Survey Integration Plan of June 1995, which focused on consolidating DHHS surveys, achieving cost efficiencies, reducing respondent burden, and enhancing analytical capacities. To accommodate these goals, new MEPS design features include linkage with the National Health Interview Survey (NHIS), from which the sampled households for the MEPS HC are drawn, and continuous longitudinal data collection for core survey components. The MEPS HC augments NHIS by selecting a sample of NHIS respondents, collecting additional data on their health care expenditures, and linking these data with additional information collected from the respondents' medical providers, employers, and insurance providers.

1.0 Household Component

The MEPS HC, a nationally representative survey of the U.S. civilian non-institutionalized population, collects medical expenditure data at both the person and household levels. The HC collects detailed data on demographic characteristics, health conditions, health status, use of

medical care services, charges and payments, access to care, satisfaction with care, health insurance coverage, income, and employment.

The HC uses an overlapping panel design in which data are collected through a preliminary contact followed by a series of five rounds of interviews over a 2½ - year period. Using computer-assisted personal interviewing (CAPI) technology, data on medical expenditures and use for two calendar years are collected from each household. This series of data collection rounds is launched each year on a new sample of households to provide overlapping panels of survey data and, when combined with other ongoing panels, will provide continuous and current estimates of health care expenditures.

The sample of households selected for the MEPS HC is drawn from among respondents to the NHIS, conducted by NCHS. The NHIS provides a nationally representative sample of the U.S. civilian non-institutionalized population, with oversampling of Hispanics and blacks.

2.0 Medical Provider Component

The MEPS MPC supplements and/or replaces information on medical care events reported in the MEPS HC by contacting medical providers and pharmacies identified by household respondents. The MPC sample includes all home health agencies and pharmacies reported by HC respondents. Office-based physicians, hospitals, and hospital physicians are also included in the MPC but may be subsampled at various rates, depending on burden and resources, in certain years.

Data are collected on medical and financial characteristics of medical and pharmacy events reported by HC respondents. The MPC is conducted through telephone interviews and record abstraction.

3.0 Insurance Component

The MEPS IC collects data on health insurance plans obtained through employers, unions, and other sources of private health insurance. Data obtained in the IC include the number and types of private insurance plans offered, benefits associated with these plans, premiums, contributions by employers and employees, eligibility requirements, and employer characteristics.

Establishments participating in the MEPS IC are selected through four sampling frames:

- A list of employers or other insurance providers identified by MEPS HC respondents who report having private health insurance at the Round 1 interview.
- A Bureau of the Census list frame of private sector business establishments.

- The Census of Governments from Bureau of the Census.
- An Internal Revenue Service list of the self-employed.

To provide an integrated picture of health insurance, data collected from the first sampling frame (employers and insurance providers) are linked back to data provided by the MEPS HC respondents. Data from the other three sampling frames are collected to provide annual national and State estimates of the supply of private health insurance available to American workers and to evaluate policy issues pertaining to health insurance.

The MEPS IC is an annual panel survey. Data are collected from the selected organizations through a prescreening telephone interview, a mailed questionnaire, and a telephone followup for nonrespondents.

4.0 Survey Management

MEPS data are collected under the authority of the Public Health Service Act. They are edited and published in accordance with the confidentiality provisions of this act and the Privacy Act. NCHS provides consultation and technical assistance.

As soon as data collection and editing are completed, the MEPS survey data are released to the public in staged releases of summary reports and microdata files. Summary reports are released as printed documents and/or electronic files on the MEPS web site (www.meps.ahrq.gov). All microdata files are available for download from the MEPS web site in compressed formats (zip and self-extracting executable files.) Selected data files are available on CD-ROM from the MEPS Clearinghouse.

For printed documents and CD-ROMs that are available through the AHRQ Publications Clearinghouse, write or call:

AHRQ Publications Clearinghouse
 Attn: (publication number)
 P.O. Box 8547
 Silver Spring, MD 20907
 800/358-9295
 410/381-3150 (callers outside the United States only)
 888/586-6340 (toll-free TDD service; hearing impaired only)

Be sure to specify the AHRQ number of the document or CD-ROM you are requesting.

Additional information on MEPS is available from the MEPS web site (www.meps.ahrq.gov).

C. Technical and Programming Information

1.0 General Information

This documentation describes a series of MEPS variables that were obtained for calendar year 2000. This data release is intended to supplement the MEPS variables previously released for 2000. These data include language of interview, parent identifiers, insurance coverage, disability days, and access to care. In order to use these variables, researchers will need to link them to the 2000 Year Population Characteristics Data File (HC-039) which contains all previously released 1999 person level data including demographic and socio-economic information. Please refer to the HC-039 documentation for further information.

The following documentation offers a brief overview of the types and levels of data provided the content and structure of the files, and programming information. It contains the following sections:

- Data File Information
- Variable-Source Crosswalk (Section D)

A codebook for this 2000 Supplemental File is provided in a separate file (H45CB.PDF).

A database of all MEPS products released to date and a variable locator indicating the major MEPS HC data items on public use files (including weights) that have been released to date can be found at the following link on the MEPS website: www.meps.ahrq.gov/Data_Public.htm.

2.0 Data File Information

This 2000 supplemental variable public use data set consists of one person-level file. Unweighted frequencies are provided for each variable on the file. In conjunction with the weight variable (PERWT00P) provided on MEPS HC-039: 2000 Full Year Population Characteristics Data File, data for these persons can be used to make estimates for the civilian non-institutionalized U. S. population for 2000. The records on this data release can be linked to all other 2000 MEPS-HC public use data files by using the sample person identifier (DUPERSID).

Health Insurance Eligibility Units (HIEUs) are sub-family relationship units constructed to include adults plus those family members who would typically be eligible for coverage under the adults' private health insurance family plans. To construct the HIEUIDX variable, which links persons into a common HIEU, we begin with the family identification variable CPSFAMID. Working with this family ID, we define HIEUIDX using family relationships as of the end of 2000. Persons missing end of year relationship information are assigned to an HIEUIDX using relationship information from the last round in which they provided such information. HIEUs comprise adults, their spouses, and their unmarried natural/adoptive children age 18 and under.

We also include children under age 24 who are full-time students who are living with their parents in their parents' homes. Children who do not live with their natural/adoptive adult parents are placed in an HIEUIDX as follows:

- Foster children always comprise a separate HIEUIDX.
- Other unmarried children are placed in stepparent HIEUIDX, grandparent HIEUIDX, great-grandparent HIEUIDX, or aunt/uncle HIEUIDX.
- Children of unmarried minors are placed (along with their minor parents) in the HIEUIDX of their adult grandparents (if possible). Married minors are placed into separate HIEUs along with any spouses and children they might have.
- Some HIEUs are headed by unmarried minors, when there is no adult family member present in the CPSFAMID.

HIEUs do not, in general, comprise adult (nonmarital) partnerships, because unmarried adult partners are rarely eligible for dependent coverage under each other's insurance. The exception to this rule is that we include adult partners in the same HIEU if there is at least one (out-of-wedlock) child in the family that links to both adult partners. In cases of missing or contradictory relationship codes, HIEUs are edited by hand, with the presumption being that the adults and children form a nuclear family.

2.1 Codebook Structure

The codebook and data file sequence lists variables in the following order:

- Unique person identifiers
- Survey administration variables
- Demographic variables
- Income and tax filing variables
- Health insurance variables
- Disability days indicator variables
- Access to care variables

2.2 Reserved Codes

The following reserved code values are used:

VALUE	DEFINITION
-1 INAPPLICABLE	Question was not asked due to skip pattern
-7 REFUSED	Question was asked and respondent refused to answer question
-8 DK	Question was asked and respondent did not know answer
-9 NOT ASCERTAINED	Interviewer did not record the data

2.3 Codebook Format

This codebook describes an ASCII data set and provides the following programming identifiers for each variable:

IDENTIFIER	DESCRIPTION
Name	Variable name (maximum of 8 characters)
Description	Variable descriptor (maximum 40 characters)
Format	Number of bytes
Type	Type of data: numeric (indicated by NUM) or character (indicated by CHAR)
Start	Beginning column position of variable in record
End	Ending column position of variable in record

2.4 Variable Naming

In general, variable names reflect the content of the variable, with an eight-character limitation. Edited variables end in an X, and are so noted in the variable label. The last two characters in round-specific variables denote the rounds of data collection, Round 3, 4, or 5 of Panel 4 and Round 1, 2, or 3 of Panel 5. Unless otherwise noted, variables that end in "00" represent status as of December 31, 2000.

Variables contained in this delivery were derived either from the questionnaire itself or from the CAPI. The source of each variable is identified in the section of the documentation entitled "Section D. Variable-Source Crosswalk." Sources for each variable are indicated in one of four ways: (1) variables derived from CAPI or assigned in sampling are so indicated; (2) variables derived from complex algorithms associated with re-enumeration are labeled "RE Section"; (3) variables that are collected by one or more specific questions in the instrument have those question numbers listed in the Source column; (4) variables constructed from multiple questions using complex algorithms are labeled "Constructed."

2.5 File Contents

2.5.1 Survey Administration Variables

Dwelling Units and Health Insurance Eligibility Units

The definitions of Dwelling Units (DUs) in the MEPS Household Survey are generally consistent with the definitions employed for the National Health Interview Survey. The dwelling unit ID (DUID) is a five-digit random ID number assigned after the case was sampled for MEPS. A person number (PID) uniquely identifies each person within the dwelling unit. The variable DUPERSID is the combination of the variables DUID and PID.

Language of Interview

Language of interview was recorded in the Closing section of each interview. Although this variable was ascertained for each round, the information was summarized into a single person-level variable (INTVLANG). In determining the value of this variable, a hierarchical approach was utilized. Initially, a value was assigned from the first round that had a reported value recorded for each person. If a value was not recorded at the person level then the first recorded value within the reporting unit (RU) was assigned. Finally, if a value was not assigned at that level then the first recorded value of the dwelling unit (DU) was assigned.

INTVLANG has the following possible values:

1 ENGLISH

2 SPANISH

3 ENGLISH & SPANISH

91 OTHER LANGUAGE

2.5.2 Demographic Variables

Parent Identifiers

The variables MOPID31X, MOPID42X, MOPID53X and DAPID31X, DAPID42X DAPID53X are round specific and are used to identify the parents (biological, adopted, or step) of the person represented on that record. MOPID##X contains the person identifier (PID) for each individual's mother if she lived in the dwelling unit in that panel/round of the survey, or a value of -1 (Inapplicable) if she did not. Similarly, DAPID##X contains the person identifier (PID) for each individual's father if he lived in the dwelling unit in that panel/round of the survey, or a value of -1 (Inapplicable) if he did not. MOPID##X and DAPID##X were constructed based on information collected in the relationship grid of the instrument each round at questions RE76 and RE77 and include biological, adopted, and step parents. Foster parents were not included. For persons who were not present in the household during a round, MOPID##X and DAPID##X have values of -1 (Inapplicable).

Edits were performed to ensure that MOPID##X and DAPID##X were consistent with each individual's age, sex, and other relationships within the family. For instance, the gender of the parent must be consistent with the indicated relationship; mothers are at least 12 years older than the person and no more than 55 years older than the person; fathers are at least 12 years older than the person; each person has no more than one mother and no more than one father; any values set for MOPID##X and DAPID##X were removed from any person identified as a foster child; and the PID for the person's mother and father are valid PIDs for that person's DU for the 2000 Full Year File.

2.5.3 Income and Tax filing Variables

2.5.3.1 Poverty Status

The file includes a categorical variable for 2000 family income as a percentage of poverty (POVCAT00). The definitions of income, family, and poverty categories used were taken from the 2000 poverty statistics developed by the Current Population Survey (CPS).

Family income was derived by constructing person-level total income comprising annual earnings from wages, salaries, bonuses, tips, commissions; business and farm gains and losses; unemployment and workers' compensation; interest and dividends; alimony, child support, and

other private cash transfers; private pensions, IRA withdrawals, social security, and veterans payments; supplemental security income and cash welfare payments from public assistance, Temporary Assistance for Needy Families, and related programs; gains or losses from estates, trusts, partnerships, S corporations, rent, and royalties; and a small amount of "other" income. Family income excluded tax refunds and capital gains. Person-level income totals were then summed over family members as defined by (CPSFAMID), provided on MEPS HC-039, to yield the family-level total. POVCAT00 was constructed by dividing family income by the applicable poverty line (based on family size and composition), with the resulting percentages grouped into 5 categories; negative or poor (less than 100%), near poor (100% to less than 125%), low income (125% to less than 200%), middle income (200% to less than 400%), and high income (greater than or equal to 400%). Persons missing CPSFAMID were treated as one-person families in constructing POVCAT00. Family income as well as the components of person level income have been subjected to internal editing patterns and derivation methods that are in accordance to specific definitions, and are not being released at this time. Researchers working with a family definition other than CPSFAMID may wish to create their own versions of total family income (and perhaps POVCAT00).

2.5.4 Health Insurance Variables

2.5.4.1 Unedited Health Insurance Variables (PREVCOVR-LIMITOT)

Duration of Uninsurance

If a person was identified as being without insurance as of January 1st in the MEPS Round 1 interview, a series of follow-up questions were asked to determine the duration of uninsurance prior to the start of the MEPS survey. If the person said he/she was covered by insurance in the 2 years prior to the MEPS Round 1 interview (PREVCOVR), the month, year (COVRMM, COVRYYY), and type of coverage (Employer-sponsored (WASESTB), Medicare (WASMCAID), Medicaid (WASMCAID), CHAMPUS/CHAMPVA (WASCHAMP), VA/Military Care (WASVA), Other public (WASOTGOV, WASAFDC, WASSSI, WASSTAT1-2, WASOTHER) or Private coverage purchased through a group, association or insurance company (WASPRIV) was ascertained. For persons who were covered by health insurance on January 1st, it was ascertained if they were ever without health insurance in the previous year (NOINSBEF). The number of weeks/months without health insurance was also ascertained (NOINSTM, NOINUNIT). For persons who reported only non-comprehensive coverage as of January 1st, a question was asked to determine if they had been covered by more comprehensive coverage that paid for medical and doctors bills in the previous 2 years (MORCOVR). If they were, the most recent month and year of coverage was ascertained (INSENDMM, INSENDYY) as was the type of coverage (see the variable names above). Note that these variables are unedited and have been taken directly as they were recorded from the raw data. There may be inconsistencies with the health insurance variables released on public use files that indicate that an individual is uninsured in January.

Pre-Existing Condition Exclusions/ Denial of Insurance

All individuals, regardless of their insurance status, were also asked in Round 1 if they had ever been denied insurance (DENYINSR) and if so, due to what conditions (DNYCANC, DNYHYPER, DNYDIAB, DNYCORON, DENYOTH). Individuals insured in January were asked whether there were any limitations or restrictions on their plans due to any physical or mental health condition (INSLIMIT) and if so, which conditions caused these limitations or restrictions (LMTBACK and LIMITOT). Individuals under age 65 without any coverage in January were also asked if they had ever tried to purchase health insurance (INSLOOK). It should be noted that conditions collected in these questions were not recorded on the condition roster.

Note that the duration of uninsurance, limitation, denial and ever looked for insurance questions were only asked in Round 1. These variables are included on the file only for individuals in Panel 5 since Panel 5's Round 1 occurred in 2000 but Panel 4's Round 1 occurred in 1999. Round 1 data for Panel 4 members is contained on the 1999 Supplemental File (HC-044). The unedited health insurance variables are included on this supplemental file to facilitate longitudinal analysis. However, since they are not available for Panel 4, Round 4, they cannot be used to generate national estimates for the estimation year.

2.5.4.2 Health Insurance Coverage Variables (TRICR31X-STPRAT00)

Constructed and edited variables are provided that indicate health insurance coverage at any time in a given round as well as at the MEPS interview dates and on December 31st, 2000. Note that for respondents who left the RU before the MEPS interview date or before December 31st, the variables measuring coverage at the interview date or on December 31st represent coverage at the date the person left the RU. In addition, since Round 5 only covers the time period from the Round 4 interview date up to December 31st, values for the December 31st variables are equivalent to those for Round 5 variables for Panel 4 members.

The health insurance variables are constructed for the sources of health insurance coverage collected during the MEPS interviews (Panel 4, Rounds 3 through 5 and Panel 5, Rounds 1 through 3). Note that the Medicare variables on this file as well as the private insurance variables that indicate the particular source of private coverage (rather than any private coverage) only measure coverage at the interview date and on December 31st. Users should also note that while the same general editing rules were followed for the month-by-month health insurance variables released on other MEPS public use files and those on this file, in a small number of cases the month-by-month variables experienced further edits performed after the variables on this file were completed. Since editing programs checking for consistencies between these sets of variables developed over time, there should be fewer discrepancies in data for calendar year 1998 and beyond than in data for the years 1996 and 1997.

In Rounds 2, 3, 4 and 5, insurance that was in effect at the previous round's interview date was reviewed with the respondent. Most of the insurance variables have been logically edited to

address issues that arose during such reviews in Rounds 2, 3, 4, and 5. One edit to the private insurance variables corrects for a problem concerning covered benefits that occurred when respondents reported a change in any of their private health insurance plan names. Additional edits address issues of missing data on the time period of coverage for both public and private coverage that was either reviewed or initially reported in a given round. For TRICARE coverage (TRICR31X, TRICR42X, TRICR53X, TRICR00X, TRIAT31X, TRIAT42X, TRIAT53X, TRIAT00X), respondents who were age 65 and over had their reported TRICARE coverage overturned. Additional edits, described below, were performed on the Medicare and Medicaid/SCHIP variables to assign persons to coverage from these sources. Observations that contain edits assigning person to Medicare or Medicaid/SCHIP coverage can be identified by comparing the edited and unedited versions of the Medicare and Medicaid/SCHIP variables.

Public sources include Medicare, TRICARE, Medicaid, SCHIP, and other public hospital/physician coverage. State-specific program participation (STAPR31, STAPR42, STAPR53, STAPR00, STPRAT31, STPRAT42, STPRAT53, STPRAT00) in non-comprehensive coverage was also identified but is not considered health insurance for the purpose of this survey.

Medicare

Medicare (MCARE31, MCARE42, MCARE53 and MCARE00) coverage was edited (MCARE31X, MCARE42X, MCARE53X and MCARE00X) for persons age 65 or over. Within this age group, individuals were assigned Medicare coverage if:

They answered yes to a follow-up question on whether or not they received Social Security benefits; or

They were covered by Medicaid, SCHIP, other public hospital/physician coverage or Medigap coverage; or

Their spouse was covered by Medicare.

They reported TRICARE coverage.

Medicaid and Other Public Hospital/Physician Coverage

Questions about other public hospital/physician coverage were asked in an attempt to identify Medicaid or SCHIP recipients who may not have recognized their coverage as such. These questions were asked only if a respondent did not report Medicaid or SCHIP directly. Respondents reporting other public hospital/physician coverage were asked follow-up questions to determine if their coverage was through a specific Medicaid HMO or if it included some other managed care characteristics. Respondents who identified managed care from either path were asked if they paid anything for the coverage and/or if a government source paid for the coverage.

The Medicaid variables (MCAID31, MCAID42, MCAID53, MCAID00) have been edited to include persons who paid nothing for their other public hospital/physician insurance when such coverage was through a Medicaid HMO or reported to include some other managed care characteristics (MCAID31X, MCAID42X, MCAID53X, MCAID00X, MCDAT31X, MCDAT42X, MCDAT53X, MCDAT00X). The Medicaid variables also include those identified as covered by State Children's Health Insurance Program (SCHIP).

To assist users in further editing sources of insurance, this file contains variables constructed from the other public hospital/physician series that measure whether:

The respondent reported some type of managed care and paid something for the coverage, Other Public A Insurance (OTPUBA31, OTPUBA42, OTPUBA53, OTPUBA00, OTPAAT31, OTPAAT42, OTPAAT53, OTPAAT00); and

The respondent did not report any managed care, Other Public B insurance (OTPUBB31, OTPUBB42, OTPUBB53, OTPUBB00, OTPBAT31, OTPBAT42, OTPBAT53, OTPBAT00).

The variables for Other Public A and B Insurance are provided only to assist in editing and should not be used to make separate insurance estimates for these types of insurance categories.

Any Public Insurance

The file also includes summary measures that indicate whether or not a sample person has any public insurance during a given round, at the interview date, or on December 31st (PUB31X, PUB42X, PUB53X, PUB00X, PUBAT31X, PUBAT42X, PUBAT53X and PUBAT00X). Persons identified as covered by public insurance are those reporting coverage under TRICARE, Medicare, Medicaid, SCHIP, or other public hospital/physician programs. Persons covered only by state-specific programs that did not provide comprehensive coverage (STAPR31, STAPR42, STAPR53, STAPR00, STPRAT31, STPRAT42, STPRAT53, STPRAT00), for example, Maryland Kidney Disease Program, were not considered to have public coverage when constructing the variables PUB31X.....PUBAT00X.

Private Insurance

Variables identifying private insurance in general (PRIV31, PRIV42, PRIV53, PRIV00, PRIVAT31, PRIVAT42, PRIVAT53, PRIVAT00) and specific private insurance sources [such as employer/union group insurance (PRIEU31, PRIEU42, PRIEU53, PRIEU00); non-group (PRING31, PRING42, PRING53, PRING00); and other group (PRIOG31, PRIOG42, PRIOG53, PRIOG00)] were constructed. Variables indicating any private insurance coverage are available for the following time periods: at any time in a given round, at the interview date and on December 31st. The variables for the specific sources of private coverage are only available for coverage on the interview dates and on December 31st. Note that these variables indicate coverage within a source and do not distinguish between persons who are covered on one or

more than one policy within a given source. In some cases, the policyholder was unable to characterize the source of insurance (PRIDK31, PRIDK42, PRIDK53, PRIDK00). Covered persons are also identified when the policyholder is living outside the RU (PROUT31, PROUT42, PROUT53, PROUT00). An individual was considered to have private health insurance coverage if, at a minimum, that coverage provided benefits for hospital and physician services (including Medigap coverage). Sources of insurance with missing information regarding the type of coverage were assumed to contain hospital/physician coverage. Persons without private hospital/physician insurance were not counted as privately insured.

Health insurance through a job or union (PRIEU31, PRIEU42, PRIEU53, PRIEU00) was initially asked about in the Employment Section of the interview and later confirmed in the Health Insurance Section. Respondents also had an opportunity to report employer and union group insurance for the first time in the Health Insurance Section, but this insurance was not linked to a specific job.

All insurance reported to be through a job classified as self-employed with firm size of 1 (PRIS31, PRIS42, PRIS53, PRIS00) was initially reported in the Employment Section and verified in the Health Insurance Section. Unlike the other employment-related variables, self-employed-firm size 1 health insurance could not be reported in the Health Insurance section for the first time. The variables PRIS31, PRIS42, PRIS53, PRIS00 have been constructed to allow users to determine if the insurance should be considered employment-related.

Private insurance that was not employment-related was reported in the Health Insurance section only.

Any Insurance in Month

The file also includes summary measures that indicate whether or not a person has any insurance in a round, at an interview date or on December 31st (INS31X, INS42X, INS53X, INSAT31X, INSAT42X, INSAT53X, INSAT00X). Persons identified as insured are those reporting coverage under TRICARE, Medicare, Medicaid, SCHIP, or other public hospital/physician or private hospital/physician insurance (including Medigap plans). A person is considered uninsured if not covered by one of these insurance sources.

Persons covered only by state-specific programs that provide non-comprehensive coverage (STAPR31, STAPR42, STAPR53, STAPR00, STPRAT31, STPRAT42, STPRAT53, STPRAT00), for example, Maryland Kidney Disease Program, and those without hospital/physician benefits (for example, private insurance for dental or vision care only, accidents or specific diseases) were not considered to be insured when constructing the variables INS31X, INS42X, INS53X, INSAT31X, INSAT42X, INSAT53X and INSAT00X.

2000 Summary Insurance Coverage Indicator (INSCOV00)

For user convenience, this file contains a constructed variable INSCOV00 that summarizes health insurance coverage for the person in 2000, with the following 3 values:

1 = ANY PRIVATE (Person had any private insurance coverage (including TRICARE) any time during 2000)

2 = PUBLIC ONLY (Person had only public insurance coverage during 2000)

3 = UNINSURED (Person was uninsured during all of 2000)

2.5.5 Disability Days Indicator Variables (DDNWRK31-OTHNDD53)

The disability days section of the core interview contains questions about time lost from work or school and days spent in bed because of a physical illness, injury, or mental or emotional problem. Data were collected on each individual in the household. These questions were repeated in each round of interviews; these files contains data from Rounds 3, 4, and 5 of the MEPS panel initiated in 1999 and Rounds 1, 2, and 3 of the MEPS panel initiated in 2000 respectively. The number at the end of the variable name (31, 42 or 53) identifies the Rounds in which the information was collected.

The reference period for these questions is the time period between the beginning of the panel or the previous interview date and the current interview date. In order to establish the length of a round, analysts are referred to the variables that indicate the beginning date and ending date of each Round (BEGREFD, BEGREFM, BEGREFY, ENDREFD, ENDREFM, ENDREFY). Analysts should be aware that Round 3 was conducted across years. Some data from Round 3 thus pertains to the following year. The number of disability days in Round 3 that occurred in each calendar year was not ascertained. If analysts want to create an indicator of disability days for a given calendar year, some adjustment must be made to the Round 3 data. Analysts who want to estimate disability days for a given calendar year will need to develop an algorithm for deciding what portion of reported disability days occurred in the year of interest and what portion occurred in the following year.

The variables DDNWRK31, DDNWRK42 and DDNWRK53 represent the number of times the respondent lost a half-day or more from work because of illness, injury or mental or emotional problems during Rounds 31, 42, and 53, respectively. A response of "no work days lost" was coded zero; if the respondent did not work, these variables were coded -1 (inapplicable), and for some analyses these values may have to be recoded to zero. Respondents who were less than 16 years old were not asked about lost workdays, and these variables are coded -1 (inapplicable) for them.

WKINBD31, WKINBD42 and WKINBD53 represent the number of work-loss days during each round in which the respondent spent at least half of the day in bed. These questions were asked only of persons aged 16 and over. Persons aged 15 or younger received a code of -1 (inapplicable). If a respondent answered the preceding work-loss question with "zero days" or "does not work", then the corresponding WKINBD question was coded as -1 (inapplicable).

DDNSCL31, DDNSCL42 and DDNSCL53 indicate the number of times that a respondent missed a half-day or more of school during Rounds 31, 42, or 53, respectively. These questions were asked of persons aged 3 to 22; respondents aged less than 3 or older than 22 did not receive these questions and are coded as -1 on these variables (in a small number of cases this was not done for the 1996 data, the analyst will need to make this edit when doing longitudinal analyses). A code of -1 also indicates that the person does not attend school. The analyst should be aware that there was no attempt to reconcile school loss days with the time of year (e.g., summer vacation). In order to establish time of year, analysts are referred to the variables that indicate the beginning date and ending date of each Round (BEGREFD, BEGREFM, BEGREFY, ENDREFD, ENDREFM, ENDREFY).

SCLNBD31, SCLNBD42 and SCLNBD53 represent the number of school-loss days during each round in which the individual spent at least a half-day in bed. Respondents aged less than 3 or older than 22 did not receive these questions and are coded as -1 on these variables (in a small number of cases this was not done for the 1996 data, the analyst will need to make this edit when doing longitudinal analyses). If a respondent answered the preceding school-loss question with "zero days" or "does not attend school", then the corresponding SCLNBD question is coded as -1 (inapplicable).

DDBDYS31, DDBDYS42 and DDBDYS53 represent additional days, other than school or work days, in which the respondent spent at least half a day in bed, because of a physical illness or injury or a mental or emotional problem. These are the only indicators of disability days for persons who do not work or go to school. This question was not asked of children less than one year of age (coded -1).

A final set of variables indicate if an individual took a half-day or more off from work to care for the health problems of another individual in the family. OTHDYS31, OTHDYS42, and OTHDYS53 indicate if a person missed work because of someone else's illness, injury or health care needs, for example to take care of a sick child or relative. These variables each have three possible answers: yes -- missed work to care for another (coded 1); no - did not miss work to care for another (coded 2); or the person does not work (coded 2), based on responses to the DDNWRK variable for the same Round. Respondents younger than 16 were not asked these questions and are coded as -1 (in a small number of cases this was not done for the 1996 data, the analyst will need to make this edit when doing longitudinal analyses).

OTHNDD31, OTHNDD42 and OTHNDD53 indicate the number of days during each round in which work was lost because of another's health problem. Respondents younger than 16, those who do not work, and those who answer "no" to OTHDYS are skipped out of OTHNDD and receive codes of -1.

For respondents with positive weights, a minimal amount of editing was done on these variables to preserve the skip patterns. No imputation was done for those with missing data.

2.5.6 Access to Care Variables (ACCELI42-OTHRPR42)

The variables ACCELI42 through OTHRPR42 describe data from the Access to Care section of the HC questionnaire, which was administered in Panel 4 Round 4 and Panel 5 Round 2 of the MEPS HC. This supplement serves a number of purposes in the MEPS HC by gathering information on three main topic areas: whether each family member has a usual source of health care, the characteristics of usual source of health care providers for the family, and barriers the family has faced in obtaining needed health care. The variable ACCELI42 indicates whether persons were eligible to receive the Access to Care questions.

Family members' usual source of health care. For each individual family member, MEPS HC ascertains whether there is a particular doctor's office, clinic, health center, or other place that the individual usually goes to if he/she is sick or needs advice about his/her health (HAVEUS42). For those family members who do not have a usual source of health care, MEPS HC ascertains the reason(s) why (YNOUSC42 through OTHREA42). If any family members changed their usual source of health care during the 12 months prior to the interview, MEPS HC gathers information on the reason why this change was made (CHNGUS42 through YNOMOR42).

Characteristics of usual source of health care providers for the family. For each unique usual source of care provider for a given family, MEPS HC asks for information on the following characteristics of the usual source of care provider:

- is the provider a medical doctor or some other type of medical provider (followed by questions which ask either the provider's medical specialty or the type of non-physician provider) (TYPEPE42), and is the provider hospital-based (TYPEPL42 and LOCATI42);
- is the provider the person or place family members would go to for new health problems, preventive health care, and referrals to other health professionals (MINORP42 through REFFRL42);
- does the provider have office hours nights and weekends, characteristics of the provider related to appointments and waiting time, ease of contacting a medical person at the provider's office by telephone (OFFHOU42 through PHONED42);
- a number of quality-related characteristics of the provider, including whether the provider generally listens to family members, asks about prescription medications other doctors may give them, and family members' confidence in and satisfaction with the care received from the provider (PRLIST42 through USCQUA42).

Family barriers. Finally, the Access to Care supplement gathers information on barriers to health care for the family. This includes one question that asks if any family members have recently gone without needed health care because the family needed money to buy food, clothing, or pay for housing (NOCARE42). In addition, the respondent is asked to rate his/her

satisfaction with the ability of family members to obtain health care if needed (HCNEED42). A series of two questions is asked to directly assess whether any family members experienced difficulty in obtaining any type of health care, delayed obtaining care, or did not receive health care they thought they needed due to any of the following reasons (OBTAIN42 through OTHRPR42):

- Financial/Insurance Problems, including couldn't afford care; insurance company wouldn't approve, cover, or pay for care; pre-existing condition; insurance required a referral, but couldn't get one; doctor refused to accept family's insurance plan;
- Transportation Problems, including medical care was too far away; can't drive or don't have car/no public transportation available; too expensive to get there;
- Communication Problems, including hearing impairment or loss; different language;
- Physical Problems, including hard to get into building; hard to get around inside building; no appropriate equipment in office;
- Other Problems, including couldn't get time off work; didn't know where to go to get care; was refused services; couldn't get child care; didn't have time or took too long.

Editing of the Access to Care Variables

Editing consisted primarily of logical editing for consistency with skip patterns. Other editing included the construction of new variables describing the USC provider, and recoding several "other specify" text items into existing or new categorical values, which are described below.

Not all variables or categories that appear in the Access to Care section are included on the file, as some small cell sizes have been suppressed to maintain respondent confidentiality. This affects the following questions:

AC03: Category 5 was combined with 91 OTHER REASON (YNOUSC42)

AC11: Categories 7 and 9 were combined with 10 OTHER NON-MD PROVIDER (TYPEPE42).

AC23: Categories 2 and 4 were combined with 91 OTHER REASON (YNOMOR42)

AC25A: Categories 9, 11, 12, 13 and 17 were combined with 91 OTHER (MAINPR42)

Constructed Variables Describing the Usual Source of Care Provider

The variables PROVTY42, TYPEPL42, TYPEPE42 and LOCATI42 provide information on the type and location of the usual source of care provider. These variables were constructed as follows, using one or more questionnaire items which are not included on the file:

PROVTY42 was constructed from items in the Provider Roster Section (available as a downloadable file on the MEPS Home Page), and has the following possible values:

- 1 FACILITY
- 2 PERSON
- 3 PERSON IN FACILITY PROVIDER

Question PV01 asks whether the provider is a person or a facility. For providers designated as a person, the responses to item PV05 (which indicates if the provider is part of a group practice or HMO) and items PV03/ PV10 (which indicate the provider's address), were used to determine if the provider is a "person in facility" provider (i.e., a person for whom both person and facility characteristics are known, such as "Dr. X at Y Medical Associates").

TYPEPE42 was constructed from responses to items AC10, AC11, AC11OV, AC12 and AC12OV in the Access to Care Section and describes the type of medical provider for providers indicated as person or person in facility providers (records with PROVTY42 = 1 have a value of -1 for TYPEPE42). TYPEPE42 has the following possible values:

- 1 MD - GENERAL/FAMILY PRACTICE
- 2 MD - INTERNAL MEDICINE
- 3 MD - PEDIATRICS
- 4 MD - OB/GYN
- 5 MD - SURGERY
- 6 MD - OTHER
- 7 CHIROPRACTOR
- 8 NURSE/NURSE PRACTITIONER
- 9 PHYSICIAN'S ASSISTANT
- 10 OTHER NON-MD PROVIDER
- 11 UNKNOWN

Note that the value 6 MD-OTHER includes doctors of osteopathy, as well as a small number of medical doctors whose specialty is unknown.

TYPEPL42 was constructed from responses to Access to Care items AC06 and AC07 and describes the type of place corresponding to the usual source of care provider with the following values:

- 1 HOSPITAL CLINIC OR OUTPATIENT DEPARTMENT
- 2 PRIVATE OFFICE IN HOSPITAL
- 3 HOSPITAL EMERGENCY ROOM
- 4 NON-HOSPITAL PLACE

TYPEPL42 was only constructed for cases with provider type indicated as facility or person in facility provider (records with PROVTY42=2 have a value of -1 for TYPEPL42).

LOCATI42 was constructed from the variables PROVTY42 and TYPEPL42, and describes the location of the provider as either office based or hospital based, and if hospital based, as either emergency room or non-emergency room. LOCATI42 has the following values:

- 1 OFFICE
- 2 HOSPITAL, NOT EMERGENCY ROOM
- 3 HOSPITAL EMERGENCY ROOM

Note that all cases with PROVTY42=2 PERSON have LOCATI42 = 1 OFFICE.

These 4 variables in combination describe the usual source of care provider. For example, a group practice or clinic with no particular person named is coded as: PROVTY42 = 1 FACILITY, LOCATI42 = 1 OFFICE and TYPEPE42 = -1 INAPPLICABLE.

Re-coding of Additional Other Specify Text Items

For Access to Care items AC03, AC04, AC08, AC09, AC21 and AC23, the other specify text responses were reviewed and coded as an existing or new value for the related categorical variable (for AC03, AC08, AC21 and AC23), or coded as an existing or new "yes/no" variable (for items AC04 and AC09). The following are the new codes or variables which were created from these other specify text responses.

for item AC03 - this new value was constructed for the variable YNOUSC42:

- 10 OTHER INSURANCE RELATED REASON

for item AC04 - the new variable OTHINS42 was constructed for insurance-related reasons

for item AC08 - these new values were constructed for the variable YGOTOU42:

- 8 MILITARY/VA
- 10 INSURANCE RELATED REASON

for item AC09 - the new variable INSREA42 was constructed for insurance-related reasons

for item AC21 - these new values were constructed for the variable YCHNGU42:

- 9 OTHER INSURANCE-RELATED REASON
- 10 JOB RELATED REASON
- 11 NEW DOCTOR WAS REFERRED OR RECOMMENDED
- 12 OTHER COMPLAINTS ABOUT OLD DOCTOR
- 13 TRANSPORTATION REASON

for item AC23 - these new values were constructed for the variable YNOMOR42:

- 9 SELDOM OR NEVER SICK/NO NEED FOR DOCTOR
- 10 OTHER INSURANCE-RELATED REASON

2.5.7 2000 Self-Administered Questionnaire (SAQ), SFFLAG42, PCS42X and MCS42X

The 2000 Self-Administered Questionnaire (SAQ), a paper-and-pencil questionnaire, was fielded during Panel 4 Round 4 and Panel 5 Round 2 of the 2000 Medical Expenditure Panel Survey (MEPS). The survey was designed to collect a variety of health status and health care quality measures of adults. A complete set of SAQ variables and weight (SQP0WOOP) can be found on HC-039.

This file contains two summary scores based on the SF-12 data contained in the SAQ, a physical component summary (PCS42X) and a mental component summary (MCS42X), as well as an imputation flag (SFFLAG42) which indicates any building block variable values were imputed either of these two measures.

SF - 12 Health Status Measure

The SAQ contained the Short-Form 12 (SF-12 ®, one of the more widely used measures of health status.) SF-12 ® Health Survey © 1994, 2000 QualityMetric Incorporated – All rights reserved. SF-12 ® is a registered trademark of the Medical Outcomes Trust. A key reference for this measure is:

Ware, J.E., Kosinski, M., and Keller, S.D. (1996). A 12-item short-form health survey: Construction of scales and preliminary tests of reliability and validity. **Medical Care** 34:220.

The SF-12 questions are as follows:

ADGENH42	General health today
ADDAYA42	During a typical day, limitations in moderate activities
ADCLIM42	During a typical day, limitations in climbing several flights of stairs

ADPACC42	During past 4 weeks, as result of physical health, accomplished less than would like
ADPLMT42	During past 4 weeks, as result of physical health, limited in kind of work or other activities
ADMACC42	During past 4 weeks, as result of mental problems, accomplished less than you would like
ADMLMT42	During past 4 weeks, as result of mental problems, limited in kind of work or other activities
ADPAIN42	During past 4 weeks, pain interfered with normal work outside the home and housework
ADCALM42	During the past 4 weeks, felt calm and peaceful
ADPEP42	During the past 4 weeks, had a lot of energy
ADBLUE42	During the past 4 weeks, felt downhearted and blue
ADSOCA42	During the past 4 weeks, physical health or emotional problems interfered with social activities

Short-Form 12 (SF-12). In analyzing data from the SF-12, the standard approach is to form two summary scores, based on responses to these questions. The underlying conception is that overall health is composed of a physical and a mental component. All 12 items are used to compute each summary score. The Physical Component Summary (PCS-12) weights more heavily responses to items 2-5 and 8 above. The Mental Component Summary (MCS-12) weights most heavily responses to SF-12 items 6, 7, 9 and 10 above. The algorithm for computing the PCS and the MCS summary scores is described in the manual for the SF-12:

Ware, Jr., J.E., Kosinski, M., and Keller, S. How to Score the SF-12 ® Physical and Mental Health Summary Scales (Third Edition). (September 1998). QualityMetric, Inc., Lincoln, RI.

This manual can be purchased from QualityMetric, Inc. (www.qmetric.com).

This file contains the PCS-12 and MCS-12 summary scores for the SF-12, computed in accordance with the algorithm outlined in the manual. The PCS-12 score is PCS12X, and the MCS-12 score is MCS12X.

The PCS and MCS cannot be computed directly if a person has missing data for any of the twelve items. Quality Metric has developed a proprietary method for imputing the PCS and MCS scores if some data are missing. Quality Metric conducted imputations of the PCS-12 and MCS-12 scores for respondents with missing data on one or more SF-12 items. The variables PCS42X and MCS42X include cases in which the scores were imputed. SFFLAG42 indicates whether the physical component summary, PCS42X, and the mental component, MCS42X, were imputed for a respondent.

D. Variable-Source Crosswalk

SURVEY ADMINISTRATION VARIABLES

VARIABLE	DESCRIPTION	SOURCE
DUID	DWELLING UNIT ID	Assigned in Sampling
PID	PERSON NUMBER	Assigned in Sampling or by CAPI
DUPERSID	PERSON ID (DUID+PN)	Assigned in Sampling
HIEUIDX	HIEU IDENTIFIER – END OF 00	Constructed
INTVLANG	LANGUAGE INTERVIEW WAS CONDUCTED IN	Constructed

DEMOGRAPHIC VARIABLES

VARIABLE	DESCRIPTION	SOURCE
MOPID31X	PID OF PERSON'S MOM (EDITED/IMPUTED)	RE 76-77
MOPID42X	PID OF PERSON'S MOM (EDITED/IMPUTED)	RE 76-77
MOPID53X	PID OF PERSON'S MOM (EDITED/IMPUTED)	RE 76-77
DAPID31X	PID OF PERSON'S DAD (EDITED/IMPUTED)	RE 76-77
DAPID42X	PID OF PERSON'S DAD (EDITED/IMPUTED)	RE 76-77
DAPID53X	PID OF PERSON'S DAD (EDITED/IMPUTED)	RE 76-77

INCOME VARIABLES

VARIABLE	DESCRIPTION	SOURCE
POVCAT00	FAMILY INCOME AS PERCENT OF POVERTY LINE	Constructed

HEALTH INSURANCE VARIABLES

Duration of being without insurance (non-insurance)

VARIABLE	DESCRIPTION	SOURCE
PREVCOVR	WAS PERSON COVERED BY INS IN PREVIOUS TWO YEARS – PANEL 5 ONLY	HX64
COVRMM	MONTH MOST RECENTLY COVERED – PANEL 5 ONLY	HX65
COVRY Y	YEAR MOST RECENTLY COVERED – PANEL 5 ONLY	HX65
WASESTB	WAS PREV INS BY UNION OR EMPLOYER – PANEL 5 ONLY	HX66, HX78
WASMCARE	WAS PREV INS BY MEDICARE – PANEL 5 ONLY	HX66, HX78
WASMCAID	WAS PREV INS BY MEDICAID/SCHIP – PANEL 5 ONLY	HX66, HX78
WASCHAMP	WAS PREV INS BY CHAMPUS/CHAMPVA – PANEL 5 ONLY	HX66, HX78
WASVA	WAS PREV INS BY VA/MILITARY CARE – PANEL 5 ONLY	HX66, HX78
WASPRIV	WAS PREV INS BY GROUP/ASSOC/INS CO – PANEL 5 ONLY	HX66, HX78
WASOTGOV	INSURANCE THAT ENDED WAS OTHER GOVT PROG – PANEL 5 ONLY	HX66, HX78
WASAFDC	WAS PREV INS BY PUBLIC AFDC – PANEL 5 ONLY	HX66, HX78
WASSSI	WAS PREV INS BY SSI PROGRAM – PANEL 5 ONLY	HX66, HX78
WASSTAT1	WAS PREV INS BY STATE PROGRAM 1 – PANEL 5 ONLY	HX66, HX78
WASSTAT2	WAS PREV INS BY STATE PROGRAM 2 – PANEL 5 ONLY	HX66, HX78
WASOTHER	WAS PREV INS BY SOME OTHER SOURCE – PANEL 5 ONLY	HX66, HX78
NOINSBEF	EVER WITHOUT HEALTH INSURANCE IN PREVIOUS YEAR – PANEL 5 ONLY	HX70
NOINSTM	NUM WEEKS/MONTHS WITHOUT HI IN PREVIOUS YEAR – PANEL 5 ONLY	HX71
NOINUNIT	UNIT FOR TIME WITHOUT HEALTH INSURANCE – PANEL 5 ONLY	HX71OV
MORECOVR	COVERED BY MORE COMPREHENSIVE PLAN IN PREVIOUS TWO YEARS – PANEL 5 ONLY	HX76

VARIABLE	DESCRIPTION	SOURCE
INSENDMM	MONTH MOST RECENTLY COVERED – PANEL 5 ONLY	HX77
INSENDYY	YEAR MOST RECENTLY COVERED – PANEL 5 ONLY	HX77

Pre-existing conditions exclusions

VARIABLE	DESCRIPTION	SOURCE
DENYINSR	PERSON EVER DENIED INSURANCE – PANEL 5 ONLY	HX67,HX74, HX79
DNYCANC	CANCER CAUSED INSURANCE DENIAL – PANEL 5 ONLY	HX68,HX75, HX80
DNYHYPER	HYPERTENSION CAUSED INSURANCE DENIAL – PANEL 5 ONLY	HX68,HX75, HX80
DNYDIAB	DIABETES CAUSED INSURANCE DENIAL – PANEL 5 ONLY	HX68,HX75, HX80
DNYCORON	CORONARY ARTERY DISEASE CAUSED INSURANCE DENIAL – PANEL 5 ONLY	HX68,HX75, HX80
DENYOTH	OTHER REASON CAUSED INSURANCE DENIAL – PANEL 5 ONLY	HX68,HX75, HX80
INSLOOK	PERSON EVER LOOKED FOR INSURANCE? – PANEL 5 ONLY	HX69
INSLIMIT	ANY LIMIT/RESTRICTIONS ON INSURANCE – PANEL 5 ONLY	HX72
LMTBACK	CONDITION CAUSED LIMIT: BACK PROBLEMS – PANEL 5 ONLY	HX73
LIMITOT	CONDITION CAUSED LIMIT: OTHER – PANEL 5 ONLY	HX73

Health Insurance Coverage

VARIABLE	DESCRIPTION	SOURCE
TRICR31X	PID COV BY TRICARE - RD 31 INT (ED)	Constructed
TRICR42X	PID COV BY TRICARE - RD 42 INT (ED)	Constructed
TRICR53X	PID COV BY TRICARE - RD 53 INT (ED)	Constructed
TRICR00X	PID COV BY TRICARE - 12/31/00 (ED)	Constructed
TRIAT31X	AT ANY TIME COVERAGE BY TRICARE - RD 31	Constructed
TRIAT42X	AT ANY TIME COVERAGE BY TRICARE- RD 42	Constructed

VARIABLE	DESCRIPTION	SOURCE
TRIAT53X	AT ANY TIME COVERAGE BY TRICARE- RD 53	Constructed
TRIAT00X	AT ANY TIME COV BY TRICARE - 12/31/00	Constructed
INS31X	PID IS INSURED - RD 31 INT DATE (ED)	Constructed
INS42X	PID IS INSURED - RD 42 INT DATE (ED)	Constructed
INS53X	PID IS INSURED - RD 53 INT DATE (ED)	Constructed
INS00X	PID IS INSURED - 12/31/00 (ED)	Constructed
INSAT31X	INSURED ANY TIME IN RD31	Constructed
INSAT42X	INSURED ANY TIME IN RD42	Constructed
INSAT53X	INSURED ANY TIME IN RD53	Constructed
INSAT00X	INSURED ANY TIME IN RD3 UNTIL 12/31/00 /RD 5	Constructed
MCAID31	COV BY MEDICAID OR SCHIP - RD 31 INT	Constructed
MCAID42	COV BY MEDICAID OR SCHIP - RD 42 INT	Constructed
MCAID53	COV BY MEDICAID OR SCHIP - RD 53 INT DATE	Constructed
MCAID00	PID COV BY MEDICAID OR SCHIP - 12/31/00	Constructed
MCAID31X	PID COV BY MEDICAID OR SCHIP - RD 31 INT DATE (ED)	Constructed
MCAID42X	PID COV BY MEDICAID OR SCHIP - RD 42 INT DATE (ED)	Constructed
MCAID53X	PID COV BY MEDICAID OR SCHIP - RD 53 INT DATE (ED)	Constructed
MCAID00X	PID COV BY MEDICAID OR SCHIP - 12/31/00 (ED)	Constructed
MCARE31	PID COV BY MEDICARE - RD 31 INT DATE	Constructed
MCARE42	PID COV BY MEDICARE - RD 42 INT DATE	Constructed
MCARE53	PID COV BY MEDICARE - RD 53 INT DATE	Constructed
MCARE00	PID COV BY MEDICARE - 12/31/00	Constructed
MCARE31X	PID COV BY MEDICARE - RD 31 INT DATE (ED)	Constructed
MCARE42X	PID COV BY MEDICARE - RD 42 INT DATE (ED)	Constructed
MCARE53X	PID COV BY MEDICARE - RD 53 INT DATE (ED)	Constructed
MCARE00X	PID COV BY MEDICARE - 12/31/00 (ED)	Constructed
MCDAT31X	AT ANY TIME COVERAGE BY MEDICAID OR SCHIP - RD 31	Constructed
MCDAT42X	AT ANY TIME COVERAGE BY MEDICAID OR SCHIP - RD 42	Constructed
MCDAT53X	AT ANY TIME COVERAGE BY MEDICAID OR SCHIP - RD 53	Constructed
MCDAT00X	AT ANY TIME COV BY MEDICAID OR SCHIP - 12/31/00	Constructed

VARIABLE	DESCRIPTION	SOURCE
OTPAAT31	ANY TIME COV BY/PAYS OTH GOV MCAID HMO - RD 31	Constructed
OTPAAT42	ANY TIME COV BY/PAYS OTH GOV MCAID HMO - RD 42	Constructed
OTPAAT53	ANY TIME COV BY/PAYS OTH GOV MCAID HMO - RD 53	Constructed
OTPAAT00	ANY TIME COV BY/PAYS OTH GOV MCAID HMO - 12/31/00	Constructed
OTPBAT31	ANY TIME COV BY OTH GOV NOT MCAID HMO -RD 31	Constructed
OTPBAT42	ANY TIME COV BY OTH GOV NOT MCAID HMO -RD 42	Constructed
OTPBAT53	ANY TIME COV BY OTH GOV NOT MCAID HMO -RD 53	Constructed
OTPBAT00	ANY TIME COV BY OTH GOV NOT MCAID HMO -12/31/00	Constructed
OTPUBA31	COV BY/PAYS OTH GOV MCAID HMO - RD 31 INT	Constructed
OTPUBA42	COV BY/PAYS OTH GOV MCAID HMO - RD 42 INT	Constructed
OTPUBA53	COV BY/PAYS OTH GOV MCAID HMO - RD 53 INT	Constructed
OTPUBA00	COV BY/PAYS OTH GOV MCAID HMO - 12/31/00	Constructed
OTPUBB31	COV BY OTH GOV NOT MCAID HMO - RD 31 INT	Constructed
OTPUBB42	COV BY OTH GOV NOT MCAID HMO - RD 42 INT	Constructed
OTPUBB53	COV BY OTH GOV NOT MCAID HMO - RD 53 INT	Constructed
OTPUBB00	COV BY OTH GOV NOT MCAID HMO - 12/31/00	Constructed
PRIDK31	PID COV BY PRIV INS (DK PLAN)- RD 31 INT	Constructed
PRIDK42	PID COV BY PRIV INS (DK PLAN) -RD 42 INT	Constructed
PRIDK53	PID COV BY PRIV INS (DK PLAN) -RD 53 INT	Constructed
PRIDK00	PID COV BY PRIV INS (DK PLAN) - 12/31/00	Constructed
PRIEU31	PID COV BY EMPL/UNION GRP INS- RD 31 INT	Constructed
PRIEU42	PID COV BY EMPL/UNION GRP INS- RD 42 INT	Constructed
PRIEU53	PID COV BY EMPL/UNION GRP INS- RD 53 INT	Constructed
PRIEU00	PID COV BY EMPL/UNION GRP INS - 12/31/00	Constructed
PRING31	PID COV BY NON-GROUP INS - RD 31 INT DT	Constructed
PRING42	PID COV BY NON-GROUP INS - RD 42 INT DT	Constructed
PRING53	PID COV BY NON-GROUP INS - RD 53 INT DT	Constructed
PRING00	PID COV BY NON-GROUP INS - 12/31/00	Constructed
PRIOG31	PID COV BY OTHER GROUP INS - RD 31 INT DT	Constructed
PRIOG42	PID COV BY OTHER GROUP INS- RD 42 INT DT	Constructed

VARIABLE	DESCRIPTION	SOURCE
PRIOG53	PID COV BY OTHER GROUP INS - RD 53 INT DT	Constructed
PRIOG00	PID COV BY OTHER GROUP INS - 12/31/00	Constructed
PRIS31	PID COV BY SELF-EMP-1 INS - RD 31 INT DT	Constructed
PRIS42	PID COV BY SELF-EMP-1 INS - RD 42 INT DT	Constructed
PRIS53	PID COV BY SELF-EMP-1 INS - RD 53 INT DT	Constructed
PRIS00	PID COV BY SELF-EMP-1 INS - 12/31/00	Constructed
PRIV31	PID HAS PRIVATE HLTH INS - RD 31 INT DATE	Constructed
PRIV42	PID HAS PRIVATE HLTH INS- RD 42 INT DATE	Constructed
PRIV53	PID HAS PRIVATE HLTH INS - RD 53 INT DATE	Constructed
PRIV00	PID HAS PRIVATE HLTH INS - 12/31/00	Constructed
PRIVAT31	ANY TIME COV BY PRIVATE - RD 31	Constructed
PRIVAT42	ANY TIME COV BY PRIVATE - RD 42	Constructed
PRIVAT53	ANY TIME COV BY PRIVATE - RD 53	Constructed
PRIVAT00	ANY TIME COV BY PRIVATE - 12/31/00	Constructed
PROUT31	PID COV BY SOMEONE OUT OF RU - RD 31 INT	Constructed
PROUT42	PID COV BY SOMEONE OUT OF RU - RD 42 INT	Constructed
PROUT53	PID COV BY SOMEONE OUT OF RU - RD 53 INT	Constructed
PROUT00	PID COV BY SOMEONE OUT OF RU - 12/31/00	Constructed
PUB31X	PID COV BY PUBLIC INS-RD 31 INT DATE (ED)	Constructed
PUB42X	PID COV BY PUBLIC INS-RD 42 INT DATE (ED)	Constructed
PUB53X	PID COV BY PUBLIC INS-RD 53 INT DATE (ED)	Constructed
PUB00X	PID COV BY PUBLIC INS - 12/31/00 (ED)	Constructed
PUBAT31X	AT ANY TIME COV BY PUBLIC - RD 31	Constructed
PUBAT42X	AT ANY TIME COV BY PUBLIC - RD 42	Constructed
PUBAT53X	AT ANY TIME COV BY PUBLIC - RD 53	Constructed
PUBAT00X	AT ANY TIME COV BY PUBLIC - 12/31/00	Constructed
STAPR31	PID COV BY STATE-SPECIFIC PROG-RD 31 INT	Constructed
STAPR42	PID COV BY STATE-SPECIFIC PROG-RD 42 INT	Constructed
STAPR53	PID COV BY STATE-SPECIFIC PROG-RD 53 INT	Constructed
STAPR00	PID COV BY STATE-SPECIFIC PROG-12/31/00	Constructed
STPRAT31	AT ANY TIME COVERAGE BY STATE INS - RD 31	Constructed
STPRAT42	AT ANY TIME COVERAGE BY STATE INS - RD 42	Constructed
STPRAT53	AT ANY TIME COVERAGE BY STATE INS - RD 53	Constructed
STPRAT00	AT ANY TIME COV BY STATE INS - 12/31/00	Constructed

Summary Insurance Coverage Indicator

VARIABLE	DESCRIPTION	SOURCE
INSCOV00	HEALTH INSURANCE COVERAGE INDICATOR 00	Constructed

DISABILITY DAYS VARIABLES

VARIABLE	DESCRIPTION	SOURCE
DDNWRK31	HEALTH PROBLEM CAUSES WORK LOSS (R31)	DD 02
DDNWRK42	HEALTH PROBLEM CAUSES WORK LOSS (R42)	DD 02
DDNWRK53	HEALTH PROBLEM CAUSES WORK LOSS (R53)	DD 02
WKINBD31	½ OR MORE OF WORKLOSS DAY SPENT IN BED (R31)	DD 04
WKINBD42	½ OR MORE OF WORKLOSS DAY SPENT IN BED (R42)	DD 04
WKINBD53	½ OR MORE OF WORKLOSS DAY SPENT IN BED (R53)	DD 04
DDNSCL31	HEALTH PROBLEM CAUSES SCHOOL LOSS DAY (R31)	DD 05
DDNSCL42	HEALTH PROBLEM CAUSES SCHOOL LOSS DAY (R42)	DD 05
DDNSCL53	HEALTH PROBLEM CAUSES SCHOOL LOSS DAY (R53)	DD 05
SCLNBD31	½ OR MORE OF SCHOOL LOSS DAY SPENT IN BED (R31)	DD 07
SCLNBD42	½ OR MORE OF SCHOOL LOSS DAY SPENT IN BED (R42)	DD 07
SCLNBD53	½ OR MORE OF SCHOOL LOSS DAY SPENT IN BED (R53)	DD 07
DDBDYS31	BED DAYS OTHER THAN WORK OR SCHOOL LOSS DAYS (R31)	DD 08
DDBDYS42	BED DAYS OTHER THAN WORK OR SCHOOL LOSS DAYS (R42)	DD 08
DDBDYS53	BED DAYS OTHER THAN WORK OR SCHOOL LOSS DAYS (R53)	DD 08
OTHDYS31	WORK LOSS DAYS BECAUSE OF OTHER'S HEALTH (R31)	DD 10
OTHDYS42	WORK LOSS DAYS BECAUSE OF OTHER'S HEALTH (R42)	DD 10
OTHDYS53	WORK LOSS DAYS BECAUSE OF OTHER'S HEALTH (R53)	DD 10
OTHNDD31	NUMBER WORK LOSS DAYS FOR OTHER'S HEALTH (R31)	DD 11
OTHNDD42	NUMBER WORK LOSS DAYS FOR OTHER'S HEALTH (R42)	DD 11
OTHNDD53	NUMBER WORK LOSS DAYS FOR OTHER'S HEALTH (R53)	DD 11

ACCESS TO CARE VARIABLES

VARIABLE	DESCRIPTION	SOURCE
ACCELI42	PERS ELIGIBLE FOR ACCESS SUPPLEMENT	Constructed
HAVEUS42	AC01 DOES PERSON HAVE A USC PROVIDER?	AC01
YNOUSC42	AC03 MAIN REASON PERS DOESN'T HAVE A USC	AC03
NOREAS42	AC04 OTH REAS NO USC: NO OTHER REASONS	AC04
SELDSI42	AC04 OTH REAS NO USC: SELDOM OR NEV SICK	AC04
NEWARE42	AC04 OTH REAS NO USC: RECENTLY MOVED	AC04
DKWHRU42	AC04 OTH REAS NO USC: DK WHERE TO GO	AC04
USCNOT42	AC04 OTH REAS NO USC: USC NOT AVAILABLE	AC04
PERSLA42	AC04 OTH REAS NO USC: LANGUAGE	AC04
DIFFPLA42	AC04 OTH REAS NO USC: DIFFERENT PLACES	AC04
INSRPL42	AC04 OTH REAS NO USC: JUST CHANGED INSUR	AC04
MYSELF42	AC04 OTH REAS NO USC: NO DOCS/TREAT SELF	AC04
CARECO42	AC04 OTH REAS NO USC: COST OF MED CARE	AC04
OTHINS42	AC04 OTH REAS NO USC: INS RELATED REASON	AC04
OTHREA42	AC04 OTH REAS NO USC: OTHER REASON	AC04
TYPEPL42	USC TYPE OF PLACE	AC06, AC07
PROVTY42	PROVIDER TYPE	PV01, PV03, PV05, PV10
YGOTOU42	AC08 MAIN REASON PERS GOES TO HOSP USC	AC08
NOREA942	AC09 OTH REAS GO TO USC: NO OTHER REASONS	AC09
LIKESU42	AC09 OTH REAS GO TO USC: PREFERS/LIKES	AC09
DKELSE42	AC09 OTH REAS GO TO USC: DK WH	AC09

VARIABLE	DESCRIPTION	SOURCE
	ELSE TO GO	
AFFORD42	AC09 OTH REAS GO TO USC: CAN'T AFFORD OTH	AC09
OFFICE42	AC09 OTH REAS GO TO USC: DR OFFICE AT OPD	AC09
AVAILT42	AC09 OTH REAS GO TO USC: AVAIL WHEN TIME	AC09
CONVEN42	AC09 OTH REAS GO TO USC: CONVENIENCE	AC09
BSTPLA42	AC09 OTH REAS GO TO USC: BEST FOR COND	AC09
INSREA42	AC09 OTH REAS GO TO USC: INSURANCE-RELATED	AC09
OTHRE942	AC09 OTH REAS GO TO USC: OTHER REASON	AC09
GETTOU42	AC09A HOW DOES PERSON GET TO USC PROVIDER	AC09A
TYPEPE42	USC TYPE OF PROVIDER	AC10, AC11, AC110V, AC12, AC120V
LOCATI42	USC LOCATION	Constructed
MINORP42	AC 14 GO TO USC FOR NEW HEALTH PROBLEM	AC14
PREVEN42	AC14 GO TO USC FOR PREVENTIVE HEALTH CARE	AC14
REFFRL42	AC14 GO TO USC FOR REFERRALS	AC14
OFFHOU42	AC15 USC HAS OFFICE HRS NIGHTS/WEEKENDS	AC15
APPTWL42	AC16 WHEN SEE USC, HAVE APPT OR WALK IN	AC16
APPDIF42	AC17 HOW DIFFICULT TO GET APPT WITH USC	AC17
WAITTI42	AC18 WITH APPT, HOW LONG TIL SEEN BY USC	AC18
PHONED42	AC19 HOW DIFFICULT CONTACT USC BY PHONE	AC19
PRLIST42	AC19A DOES USC PROV LISTEN?	AC19A
TREATM42	AC19B PROV ASK ABOUT OTHER TREATMENTS	AC19B
CONFID42	AC19C CONFIDENT IN USC PROV'S	AC19C

VARIABLE	DESCRIPTION	SOURCE
	ABILITY?	
PROVST42	AC19D HOW SATISFIED WITH USC STAFF	AC19D
USCQUA42	AC19E SATISFIED WITH QUALITY OF CARE	AC19E
CHNGUS42	AC20 HAS ANYONE CHANGED USC IN LAST YEAR	AC20
YCHNGU42	AC21 WHY DID PERSON(S) CHANGE USC	AC21
ANYUSC42	AC22 HAS ANYONE HAD A USC IN LAST YEAR	AC22
YNOMOR42	AC23 WHY DON'T THEY HAVE A USC ANYMORE?	AC23
NOCARE42	AC24 DID ANYONE GO W/OUT HEALTH CARE?	AC24
HCNEED42	AC24A SATISFIED FAMILY CAN GET CARE	AC24A
OBTAIN42	AC25 ANYONE HAVE DIFFICLTY OBTAIN CARE	AC25
MAINPR42	AC25A MAIN REASON EXPERIENCED DIFFICULTY	AC25A
NOOTHP42	AC26 DIFFICULTY: NO OTHER PROBLEMS	AC26
NOAFFO42	AC26 DIFFICULTY: COULDN'T AFFORD CARE	AC26
INSNOP42	AC26 DIFFICULTY: INS COMPANY WON'T PAY	AC26
PREEXC42	AC26 DIFFICULTY: PRE-EXISTING CONDITION	AC26
INSRQR42	AC26 DIFFICULTY: INS REQUIRED REFERRAL	AC26
REFUSI42	AC26 DIFFICULTY: DR REFUSED INS PLAN	AC26
DISTAN42	AC26 DIFFICULTY: DISTANCE	AC26
PUBTRA42	AC26 DIFFICULTY: PUBLIC TRANSPORTATION	AC26
EXPENS42	AC26 DIFFICULTY: TOO EXPEN TO GET THERE	AC26
HEARPR42	AC26 DIFFICULTY: HEARING IMPAIR/ LOSS	AC26

VARIABLE	DESCRIPTION	SOURCE
LANGBA42	AC26 DIFFICULTY: LANGUAGE BARRIER	AC26
INTOBL42	AC26 DIFFICULTY: HARD TO GET INTO BLDG	AC26
INSIDE42	AC26 DIFFICULTY: HARD TO GET AROUND	AC26
EQUIPM42	AC26 DIFFICULTY: NO APPROPRIATE EQUIP	AC26
OFFWOR42	AC26 DIFFICULTY: COULDN'T GET TIME OFF	AC26
DKWHERE42	AC26 DIFFICULTY: DK WHERE TO GO	AC26
REFUSE42	AC26 DIFFICULTY: WAS REFUSED SERVICES	AC26
CHLDCA42	AC26 DIFFICULTY: COULDN'T GET CHILD CARE	AC26
NOTIME42	AC26 DIFFICULTY: NO TIME/TOOK TOO LONG	AC26
OTHRPR42	AC26 DIFFICULTY: OTHER	AC26

SELF- ADMINISTERED QUESTIONNAIRE (SAQ) VARIABLES

VARIABLE	DESCRIPTION	SOURCE
SFFLAG42	SAQ: PCS/MCS IMPUTATION FLAG SF-12	SAQ: 17-33
PCS42X	SAQ: PHYSICAL COMPONENT SUMMARY SR-12 IMPUTED	SAQ: 17-33
MCS42	SAQ: MENTAL COMPONENT SUMMARY SR-12 IMPUTED	SAQ: 17-33